

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

101-0655

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS | 13 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 13 minus 20 = | * |
| INDEPENDENT CLAIMS | 4 minus 3 = | 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY
TYPE**

OR

**OTHER THAN
SMALL ENTITY**

| | |
|-----------|--------|
| RATE | FEES |
| BASIC FEE | 370.00 |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

| | |
|-----------|--------|
| RATE | FEES |
| BASIC FEE | 740.00 |
| X\$18= | |
| X84= | 84 |
| +280= | |
| TOTAL | 84 |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|--------------------------|---|------------------|
| | Total | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | <input type="checkbox"/> | | |

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

| | |
|----------------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDITIONAL FEE | |

| | |
|----------------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDITIONAL FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|--------------------------|---|------------------|
| | Total | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | <input type="checkbox"/> | | |

| | |
|----------------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDITIONAL FEE | |

| | |
|----------------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDITIONAL FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|--------------------------|---|------------------|
| | Total | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | <input type="checkbox"/> | | |

| | |
|----------------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDITIONAL FEE | |

| | |
|----------------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDITIONAL FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

101.US5.REG

OTHER THAN
SMALL ENTITY

SMALL ENTITY

OR

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|--|--------------|----------------|
| BASIC FEE (37 CFR 1.16(a)) | | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | 13 | minus 20 = * 0 |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | 4 | minus 3 = * 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | |

| RATE | FEES |
|----------|--------|
| | \$ 370 |
| x \$ 9 = | |
| x 42 = | |
| + 140 = | |
| TOTAL | |

| RATE | FEES |
|----------------|--------|
| | \$ 740 |
| OR x \$ 18 = 0 | |
| OR x 84 = 84 | |
| OR + 280 = 0 | |
| OR TOTAL | 824 |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|-------|---|------------------|
| Total (37 CFR 1.16(c)) | * | Minus | ** | = |
| Independent (37 CFR 1.16(b)) | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |

| RATE | ADDI- TIONAL FEE |
|----------|------------------------|
| x \$ 9 = | |
| x = | |
| + = | |
| TOTAL | |

| RATE | ADDI- TIONAL FEE |
|----------|------------------------|
| x \$ = | |
| x = | |
| + = | |
| OR TOTAL | ADDITIONAL FEE |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|-------|---|------------------|
| Total (37 CFR 1.16(c)) | * | Minus | ** | = |
| Independent (37 CFR 1.16(b)) | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |

| RATE | ADDI- TIONAL FEE |
|--------|------------------------|
| x \$ = | |
| x = | |
| + = | |
| TOTAL | |

| RATE | ADDI- TIONAL FEE |
|----------|------------------------|
| x \$ = | |
| x = | |
| + = | |
| OR TOTAL | ADDITIONAL FEE |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|-------|---|------------------|
| Total (37 CFR 1.16(c)) | * | Minus | ** | = |
| Independent (37 CFR 1.16(b)) | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |

| RATE | ADDI- TIONAL FEE |
|--------|------------------------|
| x \$ = | |
| x = | |
| + = | |
| TOTAL | |

| RATE | ADDI- TIONAL FEE |
|----------|------------------------|
| x \$ = | |
| x = | |
| + = | |
| OR TOTAL | ADDITIONAL FEE |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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